

# Department of Code Enforcement Tobacco Business License Affidavit



Department of Code Enforcement  
**Indianapolis**  
Gregory A. Ballard, Mayor

As business owner of \_\_\_\_\_  
Business Name

located at: \_\_\_\_\_  
Business Address

I hereby certify that each of the following statements are true and accurate. Please affirm by placing your initials preceding each line.

This business meets the license requirements of a "Tobacco Specialty Bar" as required in Sec. 988 of the Revised Code which include:

\_\_\_\_\_ Has been continually open and in operation since January 1, 2012;

\_\_\_\_\_ is licensed to sell alcoholic beverages pursuant to a permit issued by the Indiana Alcohol and Tobacco Commission for on-premise consumption and in which the service of food is only incidental to the consumption of such beverages and the sale of cigars or Hookah tobacco;

\_\_\_\_\_ is engaged in the business of selling cigars or Hookah tobaccos and where **at least twenty percent (20%)** or more of its total annual gross income over the preceding calendar year was derived from the on-site sale of cigars or Hookah tobaccos (excluding vending machine sales and/or humidor rental);

\_\_\_\_\_ is not physically located within a business otherwise required to be smoke free;

\_\_\_\_\_ does not sell cigarettes or allow smoking of cigarettes on the premises;

\_\_\_\_\_ does not employ or permit anyone under the age of twenty-one to enter its business; **and**

\_\_\_\_\_ has notified the Marion County Health Department that it intends to allow smoking on the premises.

***I affirm, under the penalties for perjury, and that the foregoing representations are true and accurate.***

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
 ) SS:  
County of Marion )

Subscribed and sworn before me, a notary public in and for said county and state,

This \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Notary Public \_\_\_\_\_

Resident of County \_\_\_\_\_ My commission Expires \_\_\_\_\_